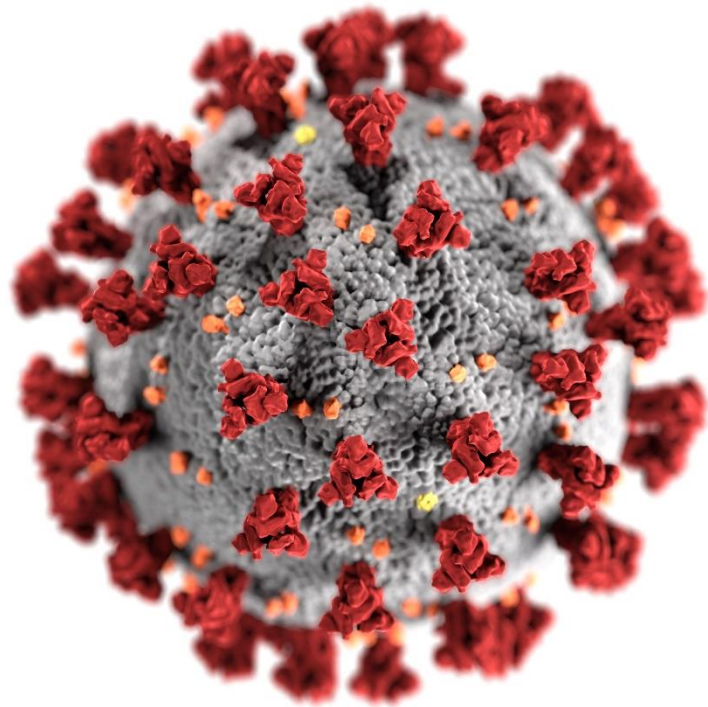


Interim Operational Considerations for Healthcare Workers Exposed to or with Suspected or Confirmed COVID-19

Intended for use in non-US healthcare settings.
Document can be found at:

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/public-health-management-hcw-exposed.html>



cdc.gov/coronavirus

Outline

- Healthcare worker (HCW) risk assessment overview
- High and low-risk exposures to HCWs
- Considerations when resources are limited
- Return-to-work strategies for HCWs with suspected or confirmed COVID-19



Healthcare Worker (HCW) Risk Assessment Overview

Objectives, Recommended Management



Objectives

- The goal of HCW risk assessment, work restriction, and monitoring is to
 - Allow for early identification of HCWs at risk of developing infection after an exposure to someone with COVID-19 either in a healthcare facility or in the community
 - Reinforce the need for HCWs to self-monitor for fever and other symptoms and avoid work when ill
 - Limit introduction and spread of COVID-19 within healthcare facilities by HCWs
- Considerations are intended for the management of HCWs regarding their work within healthcare facilities
 - Guidance covers recommendations for HCWs who have been exposed to or infected with the virus that causes COVID-19



Recommended Management of HCW Exposures

- Many factors should be considered when deciding a management strategy for HCWs exposed to COVID-19
 - Epidemiology of COVID-19 in the surrounding community
 - Ability to maintain staffing levels to provide adequate care to all patients in a facility
 - Availability of infection prevention and control (IPC), employee/occupational health, or other chosen personnel to carry out HCW risk assessment and monitoring
 - Access to resources that can limit the burden of HCW active monitoring (e.g., electronic tools)



High-Risk and Low-Risk Exposure to COVID-19 Among HCWs

Definitions, Work restrictions & Monitoring



Symptom Monitoring (14 days)



Active Monitoring (High-Risk)

- Healthcare facility or public health authority establishes a minimum of daily communication for exposed healthcare workers
- Remote or in-person contact
- Assess for fever or symptoms consistent with COVID-19

Self-Monitoring (Low-Risk)

- Healthcare workers monitor themselves for fever
- Healthcare workers remain alert to symptoms of COVID-19
- Provide point of contact if fever or symptoms develop during the monitoring period



*Testing for COVID-19 if fever or symptoms develop

High-Risk Exposure Definition



- Close contact with a person with COVID-19 in the community¹ OR
- Providing direct patient care for a patient with COVID-19 (e.g., physical exam, nursing care, performing aerosol-generating procedures, specimen collection, radiologic testing) without proper personal protective equipment (PPE) or not performing hand hygiene after these interactions OR
- Having contact with the infectious secretions from a patient with COVID-19 or contaminated patient care environment without using proper PPE or performing appropriate hand hygiene



¹Close community contact as defined by WHO [https://www.who.int/publications/i/item/global-surveillance-for-human-infection-with-novel-coronavirus-\(2019-ncov\)](https://www.who.int/publications/i/item/global-surveillance-for-human-infection-with-novel-coronavirus-(2019-ncov))

²Appropriate PPE as defined by WHO: [https://www.who.int/publications/i/item/infection-prevention-and-control-during-health-care-when-novel-coronavirus-\(ncov\)-infection-is-suspected-20200125](https://www.who.int/publications/i/item/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125)

High-Risk Exposure Work Restrictions & Monitoring

- HCWs with a high-risk exposure should:
 - Be restricted from work, self-quarantine AND
 - Continue active monitoring for symptoms of COVID-19 for 14 days after the date of last exposure
- If a HCW develops fever or COVID-19 symptoms, they should undergo medical evaluation and COVID-19 testing
 - If test negative, remain off work; if remain asymptomatic can return to work after the 14-day monitoring period



Active Monitoring Form for Asymptomatic HCWs with High-Risk Exposure

Appendix 2: Self-Monitoring Form for Asymptomatic Healthcare Workers with Low-Risk Exposure

Instructions: Healthcare workers (HCWs) should monitor their temperature and symptoms twice daily for 14 days after the date of last known exposure. This form has two rows per day. Complete the form by checking the appropriate boxes for each day and time. If a HCW reports subjective fever, measured temperature 37.7°C/100.0°F or higher, or any of the following symptoms, the HCW should be separated from others and should notify the appropriate public health authority or healthcare facility. HCWs must ensure absence of fever and symptoms before leaving home and reporting to work.

HCW name			Phone	Email	Facility			Job Title			Supervisor name			Date of last exposure			
Day # After Exposure ¹	Date	Time	Temp	Symptoms (check all that apply)													
				Subjective fever	Cough	Sore throat	Shortness of breath	Runny nose	Chills	Muscle aches	Headache	Fatigue	Abdominal pain	Nausea or vomiting	Diarrhea	None	Other
1																	
2																	
3																	



Low-Risk Exposure Definition

- Contact with a person with COVID-19 having not met criteria for high-risk exposure (e.g., brief interactions with COVID-19 patients in the hospital or in the community).



Low-Risk Exposure Work Restrictions & Monitoring

- HCWs with low-risk exposure that are considered essential staff may continue to work during the 14 days after their last exposure
 - Preferably assigned to COVID-19 patient care
 - Perform self-monitoring twice a day, including before starting a shift
- If a HCW develops fever or symptoms they should:
 - Not report to work AND
 - Alert their designated point of contact (POC) AND
 - Be restricted from work until medical evaluation and COVID-19 testing can be performed



Self-Monitoring Form for Asymptomatic HCWs with Low-Risk Exposure

Appendix 2: Self-Monitoring Form for Asymptomatic Healthcare Workers with Low-Risk Exposure

Instructions: Healthcare workers (HCWs) should monitor their temperature and symptoms twice daily for 14 days after the date of last known exposure. This form has two rows per day. Complete the form by checking the appropriate boxes for each day and time. If a HCW reports subjective fever, measured temperature 37.7.0°C/100.0°F or higher, or any of the following symptoms, the HCW should be separated from others and should notify the appropriate public health authority or healthcare facility. HCWs must ensure absence of fever and symptoms before leaving home and reporting to work.

HCW name			Phone	Email	Facility	Job Title	Supervisor name	Date of last exposure									
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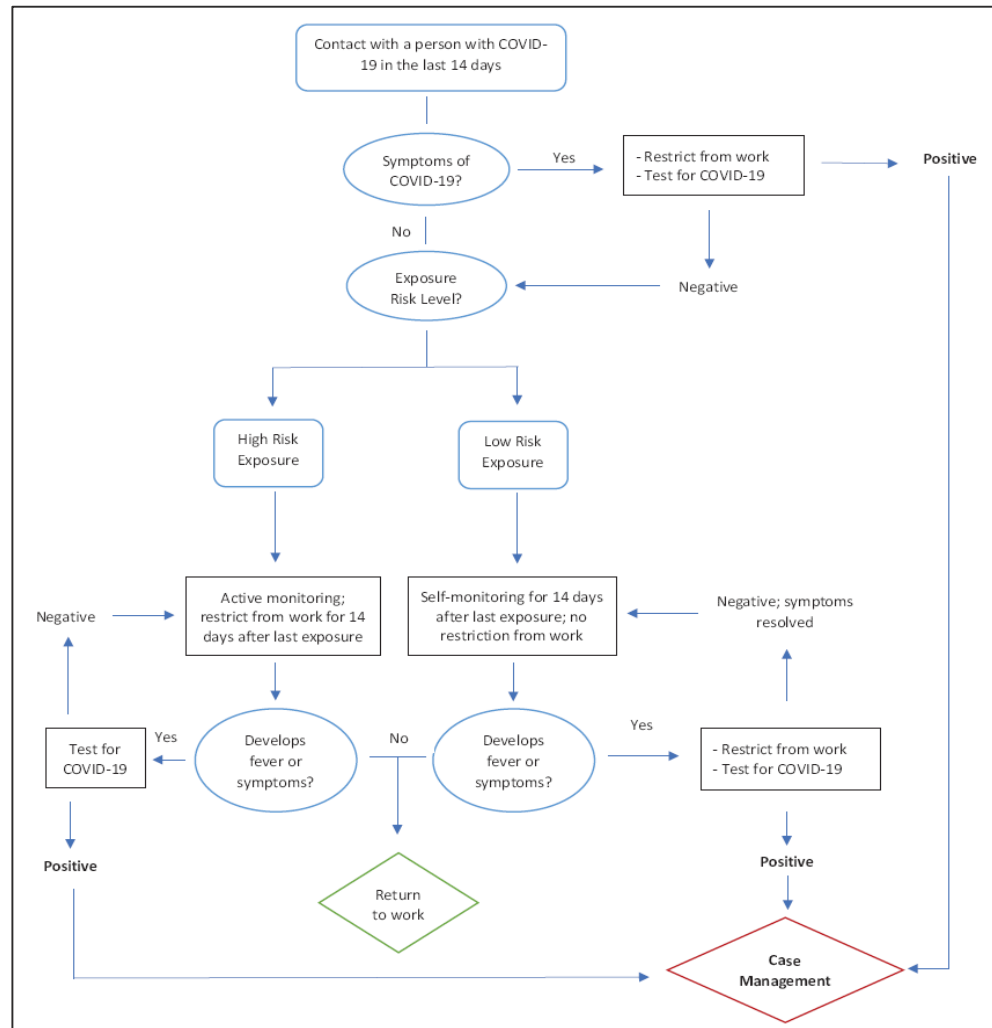
¹ Complete form beginning on the day it is determined that monitoring is necessary.



Flowchart for management of HCWs with exposure to COVID-19



<https://www.cdc.gov/coronavirus/2019-ncov/hcp/non-us-settings/public-health-management-hcw-exposed.html>



Considerations When Resources are Limited

Review of possible scenarios



Considerations for Resource Limitations

- The following slides will explain some scenarios that may occur when resources are limited and pose challenges to implementing guidance, including considerations for how other facilities in resource-limited settings have managed these constraints



Inability to perform contact tracing

- In situations where identifying all HCWs exposed to a COVID-19 case in the healthcare facility is not possible, general communication should be sent to all facility staff regarding:
 - Exposure risk and
 - Associated facility location(s) and
 - Date(s) and time(s) for potential exposure and
 - Instructions for staff to report any known exposures to their POC and
 - Instructions for staff to self-monitor for fever or COVID-19 symptoms and notify the POC if they become ill



Inability to perform individual HCW risk assessments

- Focus on identifying staff who had a high-risk exposure to COVID-19
 - Poses highest risk of transmission to the HCW
- Example: HCW exposed in the setting of an aerosol-generating procedure without the use of appropriate PPE
 - These staff should be identified as potential high-risk exposures
 - Remaining staff would be designated as potentially exposed
 - Facilities and public health authorities must determine whether they will manage staff as low-risk or high-risk while weighing the risks and benefits of each strategy (e.g., available resources, ability to work-restrict HCWs)

Staffing shortages that limit the ability to implement work restrictions

- Perform contact tracing and risk assessment, if possible
- Perform active or self-monitoring depending on the exposure risk level
 - In this case, exposed staff could still continue to work if they are asymptomatic and while wearing a medical mask (when available) to avoid critical staffing shortages



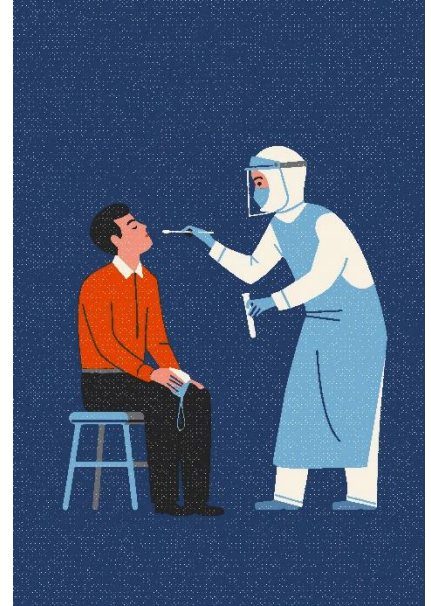
Widespread community transmission

- Facilities should strengthen IPC practices, including:
 - Reinforce the need for standard precautions for all patient encounters
 - Stress the importance of hand hygiene, cough etiquette, and respiratory hygiene
 - Enforce social distancing between HCWs and patients when not involved in direct patient care
 - Instruct all HCWs at the facility to report recognized exposures
 - Have staff regularly self-monitor for fever and symptoms
 - Remind staff not to report to work when ill
 - When resources are available, instruct staff to wear a medical mask at all times within the facility



Limited Testing Availability

- Symptomatic HCWs have been prioritized for testing over low-risk groups in the community (e.g., young, healthy people)
- When there is no testing available, symptomatic HCWs have been managed as if potentially infected with COVID-19
 - Return to work based on a symptom-based strategy described in next section



Return-to-Work Strategies for HCWs with Suspected or Confirmed COVID-19

Strategies for symptomatic and asymptomatic HCWs



Symptomatic HCWs – Symptom-based strategy

- Exclude from work until:
 - At least 3 days (72 hours) have passed *since recovery*, defined as
 - Resolution of fever without the use of fever-reducing medications AND
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath) AND
 - At least 10 days have passed *since symptoms first appeared*



<https://www.cdc.gov/coronavirus/2019-ncov/community/strategy-discontinue-isolation.html>

Symptomatic HCWs – Test-based strategy

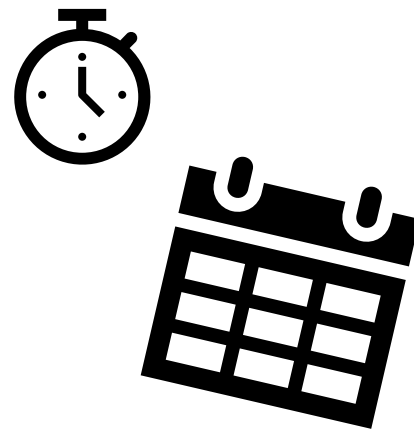
- Exclude from work until:
 - Fever resolution occurs without the use of fever-reducing medications AND
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath) AND
 - Negative results from a recommended laboratory test for SARS-CoV-2¹ from at least two consecutive respiratory specimens collected ≥ 24 hour apart (total of two negative specimens)



¹<https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117>

Asymptomatic HCWs – Time-based strategy

- Exclude from work until:
 - 10 days have passed since date of first positive COVID-19 test, assuming no symptoms have developed during that time
 - If symptoms develop, use either symptom-based or test-based strategy
- Note: without symptoms, one cannot determine where these HCWs are in the course of their illness; viral shedding could be shorter or longer



Asymptomatic HCWs – Test-based strategy

- Exclude from work until:
 - Negative results from a recommended laboratory test for SARS-CoV-2¹ from at least two consecutive respiratory specimens collected ≥ 24 hours apart (total of two negative specimens)
- Note: without symptoms, one cannot determine where these individuals are in the course of their illness; viral shedding could be shorter or longer



¹<https://www.who.int/publications-detail/laboratory-testing-for-2019-novel-coronavirus-in-suspected-human-cases-20200117>

Recommended work practices for HCWs

- After returning to work, HCWs should:
 - Practice hand hygiene, respiratory hygiene, and cough etiquette
 - Self-monitor for symptoms and seek medical attention if fever or respiratory symptoms return or worsen
 - If any residual respiratory symptoms, wear a medical mask at all times in the healthcare facility



Considerations on Return-to-Work Testing Strategies

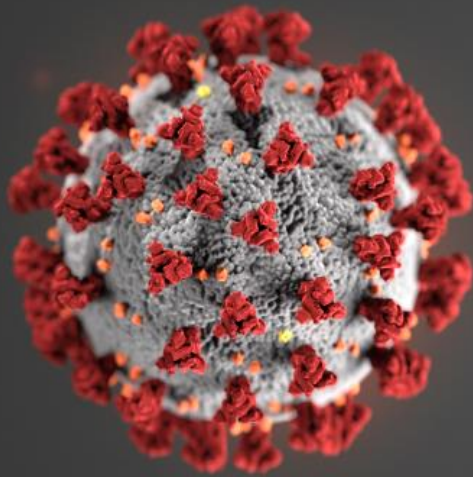
- Facilities have considered their local testing availability and their ability to maintain staffing levels when deciding on a strategy to apply
- If testing is limited, facilities have used the symptom-based strategy to conserve testing for diagnosis of person with suspected COVID-19
 - This strategy can be considered for HCWs who have prolonged symptoms or underlying medical conditions that could prolong viral shedding
- While not ideal, in situations of critical staffing shortages, it may be necessary to confer with local public health authorities to determine if infected HCWs can be allowed to return to work earlier than indicated in the previous strategies—this decision is made on a case-by case basis
 - Consider dedicating these HCWs to COVID-19 patient care or limiting them to non-patient care activities



Additional References

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TTY: 1-888-232-6348 www.cdc.gov

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